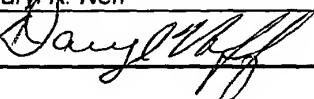
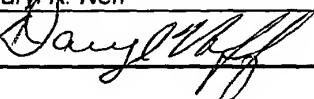
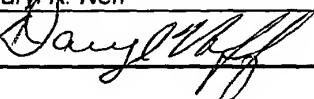


Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

UTILITY PATENT APPLICATION TRANSMITTAL <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>		Attorney Docket No. INTECH 3.0-088 03 P 50512 US First Inventor Joerg Mellmann Title SYSTEM AND METHOD OF CORRECTING MASK RULE VIOLATIONS AFTER OPTICAL PROXIMITY CORRECTION Express Mail Label No. EV342610995US																																
APPLICATION ELEMENTS <small>See MPEP chapter 600 concerning utility patent application contents.</small>		MS Patent Application ADDRESS TO: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450																																
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <small>(Submit an original, and a duplicate for fee processing)</small> 2. <input type="checkbox"/> Applicant claims small entity status. 3. <input checked="" type="checkbox"/> Specification [Total Pages 21] <small>(preferred arrangement set forth below)</small> - Descriptive title of the invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, e table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure 4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 6] 5. Oath or Declaration [Total Sheets 2] a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <small>(for continuation/divisional with Box 18 completed)</small> i. <input type="checkbox"/> DELETION OF INVENTOR(S) <small>Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</small> 6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76		7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) 8. Nucleotide and/or Amino Acid Sequence Submission <small>(if applicable, all necessary)</small> a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> Paper c. <input type="checkbox"/> Statements verifying identity of above copies																																
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No. _____ Prior application information: Examiner _____ Art Unit: _____		ACCOMPANYING APPLICATION PARTS 9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s)) 10. <input type="checkbox"/> 37 CFR 3.73(b) Statement [when there is an assignee] <input type="checkbox"/> Power of Attorney 11. <input type="checkbox"/> English Translation Document (if applicable) 12. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations 13. <input type="checkbox"/> Preliminary Amendment 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <small>(Should be specifically itemized)</small> 15. <input type="checkbox"/> Certified Copy of Priority Document(s) <small>(if foreign priority is claimed)</small> 16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). 17. <input type="checkbox"/> Other: _____																																
19. CORRESPONDENCE ADDRESS <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; padding: 5px;"><input checked="" type="checkbox"/> Customer Number:</td> <td style="width: 25%; padding: 5px;">000530</td> <td style="width: 25%; padding: 5px;">OR</td> <td style="width: 25%; padding: 5px;"><input type="checkbox"/> Correspondence address below</td> </tr> <tr> <td colspan="4" style="padding: 5px;">Name _____</td> </tr> <tr> <td colspan="4" style="padding: 5px;">Address _____</td> </tr> <tr> <td style="width: 25%; padding: 5px;">City _____</td> <td style="width: 25%; padding: 5px;">State _____</td> <td style="width: 25%; padding: 5px;">Zip Code _____</td> <td style="width: 25%; padding: 5px;">Country _____</td> </tr> <tr> <td colspan="2" style="padding: 5px;">Telephone _____</td> <td colspan="2" style="padding: 5px;">Fax _____</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; padding: 5px;">Name (Print/Type)</td> <td style="width: 25%; padding: 5px;">Daryl K. Neff</td> <td style="width: 25%; padding: 5px;">Registration No. (Attorney/Agent)</td> <td style="width: 25%; padding: 5px;">38,253</td> </tr> <tr> <td style="padding: 5px;">Signature</td> <td colspan="3" style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;">Date</td> <td colspan="3" style="padding: 5px;">August 25, 2003</td> </tr> </table>			<input checked="" type="checkbox"/> Customer Number:	000530	OR	<input type="checkbox"/> Correspondence address below	Name _____				Address _____				City _____	State _____	Zip Code _____	Country _____	Telephone _____		Fax _____		Name (Print/Type)	Daryl K. Neff	Registration No. (Attorney/Agent)	38,253	Signature				Date	August 25, 2003		
<input checked="" type="checkbox"/> Customer Number:	000530	OR	<input type="checkbox"/> Correspondence address below																															
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 03945 U.S. PTO
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 08/25/03

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FEE TRANSMITTAL

for FY 2003

Effective 01/01/2003, Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 768.00)

Complete if Known

Application Number	Not Yet Assigned
Filing Date	Concurrently Herewith
First Named Inventor	Joerg Mellmann
Examiner Name	Nbt Yet Assigned
Art Unit	N/A
Attorney Docket No.	INTECH 3.0-088 03P50512 US

METHOD OF PAYMENT (check all that apply)

 Check Credit Card Money Order Other None
 Deposit Account:Deposit Account Number **12-1095**Deposit Account Name **Lerner, David, Littenberg, Krumholz & Mentlik, LLP**

The Director is authorized to: (check all that apply)

Charge fee(s) indicated below Credit any overpayments

Charge any additional fee(s) during the pendency of this application

Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)
1051	130	2051	65 Surcharge - late filing fee or oath
1052	50	2052	25 Surcharge - late provisional filing fee or cover sheet.
1053	130	1053	130 Non-English specification
1812	2,520	1812	2,520 For filing a request for ex parte reexamination
1804	920*	1804	920* Requesting publication of SIR prior to Examiner action
1805	1,840*	1805	1,840* Requesting publication of SIR after Examiner action
1251	110	2251	55 Extension for reply within first month
1252	410	2252	205 Extension for reply within second month
1253	930	2253	465 Extension for reply within third month
1254	1,450	2254	725 Extension for reply within fourth month
1255	1,970	2255	985 Extension for reply within fifth month
1401	320	2401	160 Notice of Appeal
1402	320	2402	160 Filing a brief in support of an appeal
1403	280	2403	140 Request for oral hearing
1451	1,510	1451	1,510 Petition to institute a public use proceeding
1452	110	2452	55 Petition to revive - unavoidable
1453	1,300	2453	650 Petition to revive - unintentional
1501	1,300	2501	650 Utility issue fee (or reissue)
1502	470	2502	235 Design issue fee
1503	630	2503	315 Plant issue fee
1460	130	1460	130 Petitions to the Commissioner
1807	50	1807	50 Processing fee under 37 CFR 1.17(q)
1806	180	1806	180 Submission of Information Disclosure Stmt
8021	40	8021	40 Recording each patent assignment per property (times number of properties)
1809	750	2809	375 Filing a submission after final rejection (37 CFR 1.129(a))
1810	750	2810	375 For each additional invention to be examined (37CFR 1.129(b))
1801	750	2801	375 Request for Continued Examination (RCE)
1802	900	1802	900 Request for expedited examination of a design application

SUBTOTAL (1) (\$ 750.00)

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	21	-20** =	1	x	18.00	=	18.00	Fee from below	Fee Paid
Independent Claims	3	-3** =	0	x		=	0.00		
Multiple Dependent									

Large Entity	Small Entity	Fee Description
Fee Code	Fee (\$)	Fee Code (\$)
1202	18	2202 9 Claims in excess of 20
1201	84	2201 42 Independent claims in excess of 3
1203	280	2203 140 Multiple dependent claim, if not paid
1204	84	2204 42 ** Reissue independent claims over original patent
1205	18	2205 9 ** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$ 18.00)

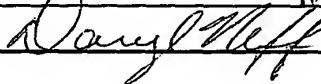
**or number previously paid, if greater; For Reissues, see above

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$ 0.00)

SUBMITTED BY

(Complete if applicable)

Name (Print/Type) **Daryl K. Neff** Registration No. (Attorney/Agent) **38,253** Telephone **(908) 518-6396**Signature  Date **August 25, 2003**